

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J		
O.I.P.E. CLASSIFIER			10-01-01
FORMALITY REVIEW	TH	1118	10-18-01
RESPONSE FORMALITY REVIEW	Say	817	18-98-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/4/63
2	✓	✓	2/4/63
3	✓	✓	5/17/63
4	✓	✓	5/17/63
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10	✓	✓	
11	✓	✓	
12	✓	✓	
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14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
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22	+	N	N
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34	+	N	N
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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